**CC:** “I fuckin’ told the other lady already!” (s/p suicide attempt via walking in traffic)

**HPI:** Pt. is a 47 y/o white man BIBA on a PMHH after being found wandering in the middle of traffic while intoxicated. Upon arrival pt. voiced suicidal ideation with plan to get hit by a car. Was hopeless and frustrated due to homelessness and his inability to find employment. In addition, he recently had a fight with a friend he had been staying with so is no longer welcome in his home. Pt. is now sober and in withdrawal. Has received diazepam 30mg in the past 6 hours. Not amenable to participation in further interview at this time. Will not answer question as to whether he is still suicidal. c/o feeling nauseous and would like to smoke.

**PMH:** COPD, HCV, TBI 1997 (MVC – ICU admission)

**Past Psych Hx:** previous diagnoses of bipolar vs. schizoaffective disorder; past meds include lithium, Depakote, Geodon, sertraline, and Xanax; inpt. psych x 3, most recent in 3/14 x 5 days for depression and SI.

**Current Psych Tx:** no current provider

**Previous Suicide Attempts:** multiple parasuicidal gestures while intoxicated including cutting superficially on wrists, wrapping shirt around neck in detox, and walking in traffic. Polypharm OD (lithium, Benadryl, Tylenol) in 2005 requiring ICU admission.

**Substance Hx:** long h/o heavy ETOH use since early 20’s. Currently drinks a gallon of vodka per day. h/o cocaine and amphetamine use, denies use in the past 2 years. Has had multiple admissions to detox but no formal substance treatment.

**FH:** father and multiple paternal family members with alcohol use disorder; brother with bipolar and alcohol use disorder; father committed suicide via GSW at age 56 when pt. was 17 y/o.

**SH:** homeless (just kicked out of friend’s house), unemployed, no benefits, doesn’t like staying in shelters due to bedbugs; h/o work in construction on and off but none since 1997. Has sporadic phone contact with mother who lives in Aurora. Not married and doesn’t have any children. Identifies and Christian and does attend church.

**Legal Hx:** multiple incarcerations r/t drug charges, probation violations, and assaults

**Violence Hx:** multiple assaults while intoxicated including assault on a police officer 2007. Not currently on probation. Denies access to guns.

**Abuse Hx:** physical abuse by father as a child

**Mental Status Examination:**

General – alert, disheveled, malodorous, poor eye contact, tremulous, psychomotor retarded

Gait and Station – unsteady, walks to bathroom with assistance

Speech – loud, pressured, yelling

Mood – “what the hell do you care?!”

Affect – angry, depressed, labile

Thought Process – impoverished

Associations – intact

Thought Content – voices +SI with intent while intoxicated, now sober and will not answer questions regarding SI/HI. Unclear if experiencing AVH or paranoia due to refusal to participate in exam.

Orientation – AAOx4

Judgement – poor

Insight – poor

**Assessment:**

1. Suicidal ideation
2. Alcohol use disorder, severe
3. Alcohol intoxication
4. Alcohol withdrawal
5. Bipolar Unspecified
6. COPD
7. HCV
8. Homelessness
9. Treatment non-adherence
10. Unemployment

Pt. is a 47 y/o man with Alcohol use disorder and h/o bipolar currently presenting as irritable, dysphoric, and unwilling to participate in full interview and safety assessment. Has multiple chronic risk factors for suicide including chronic mental illness, chronic substance use, chronic physical illness including h/o TBI, unemployment, lack of support system, family h/o mental illness including suicide, h/o violence towards others, h/o physical abuse as a child, male gender, single, and Caucasian race. Acute risk factors include recent suicidal behavior, interpersonal conflict and loss of living situation, ongoing substance use, hopelessness, dysphoria, and aggression towards treatment providers. Protective factor includes religious beliefs. At present, pt. is unwilling to participate in further interview or problem-solving and is not safe for discharge. Unclear at this point if behavior and irritability 2/2 withdrawal vs. exacerbation of bipolar disorder vs. personality traits. (Chronic risk: HIGH; Acute risk: HIGH)

**Plan:**

1. ETOH w/d: Continue ETOH withdrawal CIWA
2. Nausea: prn promethazine and famotidine 40mg po x 1 now
3. Nicotine patch 21mg and nicotine gum 2mg
4. Zyprexa 10mg po x 1
5. Urine toxicology screen, lithium level
6. Re-evaluate when withdrawal better treated and patient less uncomfortable.
7. Contact pt’s mother for collateral. Consider Involuntary petition.
8. Contact pt’s pastor to see if he can come visit.
9. Social work consult.